

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 12, 2004

Signature:

*[Handwritten Signature]*  
(Raymond B. Churchill, Jr.)

**EXPEDITED PROCEDURE**

Group Art Unit: 2172

Docket No.: HALFOR 3.0-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Tait et al.

Application No.: 09/965,025

Filed: September 27, 2001

For: DATA MANAGEMENT SYSTEM

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: Group Art Unit: 2172  
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: Examiner: A. W. Kindred  
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**AMENDMENT AND RESPONSE TO OFFICE ACTION**


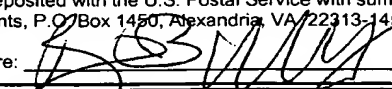
MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 13, 2004, finally rejecting claims 1-9, please amend the above-identified U.S. patent application as follows:

10/15/2004 CNGUYEN 00000102 121095 09965025

03 FC:2201 44.00 DA

<b>AMENDMENT TRANSMITTAL LETTER</b>				<b>Expedited Procedure</b>	
Application No. 09/965,025	Filing Date September 27, 2001	Examiner A. W. Kindred	Group Art Unit 2172		
Applicant(s): Robert J. Tait and Dmitry O. Gurieff				Docket No. HALFOR 3.0-001	
Invention: DATA MANAGEMENT SYSTEM					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	20	- 20 =		x	0.00
<b>Independent Claims</b>	4	- 3 =	1	x 44.00	44.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					44.00
<input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-1095</u> in the amount of <u>44.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Raymond B. Churchill, Jr. Attorney Reg. No. 44,617 LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6398				Dated: <u>October 12, 2004</u>	
LD-545\520900_1.DOC					
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10/15/2004 CNGUYEN 00000102 121095 09965025

02 FC:2253

490.00 DA